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Bib Data Sheet

CONFIRMATION NO. 4460

SERIAL NUMBER 10/643,621	FILING DATE 08/19/2003 RULE	CLASS 372	GROUP ART UNIT 2828	ATTORNEY DOCKET NO. COHD-5020
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 11/13/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

28584
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TITLE

Wide-stripe single-mode diode-laser

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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